



10-16-06

17 Jul 2623

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/821,695
Filing Date: March 29, 2001
Applicant: Saito et al.
Group Art Unit: 2623
Examiner: Vikkram Bali
Title: METHOD AND APPARATUS FOR EXAMINING
THROUGH HOLES
Attorney Docket: 9319S-000195

Mail Stop: Issue Fee
Commissioner of Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

PETITION TO WITHDRAW HOLDING OF ABANDONMENT
UNDER 37 C.F.R. 1.181

Sir:

Applicant requests withdrawal of the holding of abandonment in the above identified patent application.

Applicant received a Notice of Abandonment mailed September 26, 2006. The Notice of Abandonment indicates that the above identified patent application is abandoned in view of Applicant's failure to timely file a proper reply to the Office letter mailed on September 14, 2005.

Applicant submits that a proper reply was filed on December 14, 2005. Attached at Exhibit A is a true copy of the transmittal form signed by registered patent attorney G.

Gregory Schivley, Reg. No. 27,382 and dated December 14, 2005. The transmittal form bears express label number EV 717 344 392 as well as a signed certificate of transmission dated December 14, 2005.

Attached at Exhibit B is a true copy of an 11 page response signed and dated December 14, 2005. The original of the response shown at Exhibit B was submitted to the U.S. Patent Office along with the original of the transmittal letter at Exhibit A on December 14, 2005.

Attached at Exhibit C is a true copy of Express Mail Label No. EV 717 344 392 showing a "date in" of December 14, 2005.

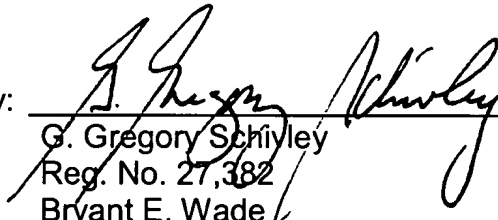
Attached at Exhibit D is a true copy of a return receipt postcard listing the transmittal letter (exhibit A) and the response (exhibit B) as well as express mailing label no. EV 717 344 392. The postcard bears a U.S. Patent Office date stamp of December 14, 2005 indicating the transmittal (exhibit A) and the response (exhibit B) were actually received by the U.S. Patent Office.

The Commissioner is hereby authorized to charge any fees that may be required to Deposit Account No. 50-3213. If it is believed that personal communication will expedite prosecution of this application, please feel free to telephone the undersigned at (248) 641-1600.

Respectfully submitted,

Dated: October 12, 2006

By:


G. Gregory Schiuley
Reg. No. 27,382
Bryant E. Wade
Reg. No. 40,344

HARNESS, DICKEY & PIERCE, P.L.C.
P.O. Box 828
Bloomfield Hills, Michigan 48303
(248) 641-1600



PTO/SB/21 (07-06)

Approved for use through 09/30/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/821,695
	Filing Date	3/29/2001
	First Named Inventor	Saito, et al.
	Art Unit	2623
	Examiner Name	Vikkram Bali
Total Number of Pages in This Submission	Attorney Docket Number	9319S-000195

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Exhibits A-D Return Receipt Postcard
--	---	--

Remarks

The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 50-3213. A duplicate copy of this sheet is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name G. Gregory Schivley Bryant E. Wade	Reg. No. 27,382 40,344
Signature			
Date	October 13, 2006		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	G. Gregory Schivley / Bryant E. Wade	Express Mail Label No.	EV 757 778 128 US (10/13/2006)
Signature		Date	October 13, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

EV 757 778 128 US

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/821,695
	Filing Date	March 29, 2001
	First Named Inventor	SAITO
	Art Unit	2623
	Examiner Name	Vikkram Bali
Total Number of Pages in This Submission	Attorney Docket Number	9319S-000195

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 50-3213. A duplicate copy of this sheet is enclosed.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name G. Gregory Schivley / Bryant E. Wade	Reg. No. 27,382 / 40,344
Signature			
Date	December 14, 2005		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	G. Gregory Schivley / Bryant E. Wade	Express Mail Label No.	EV 717 344 392 US (12/14/2005)
Signature		Date	December 14, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Applicant:	Sehat Sutardja	Case No.:	MP0320
Serial No.:	10/691,237	Filing Date:	October 22, 2003
Title:	Efficient Transistor Structure		

Please acknowledge receipt of: Transmittal with Express Mail
 Label 11-F, April 2004

EXPRESS MAIL UNITED STATES POSTAL SERVICE® DENVER POSTAL SERVICE ONLY		Customer Copy Label 11-F, April 2004	
Post Office To Addressee Delivery Attempt Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature Mo. Day Delivery Attempt Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature Mo. Day Delivery Date Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature Mo. Day Delivery Date Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature		NO DELIVERY <input type="checkbox"/> Holiday <input type="checkbox"/> Weekend <input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if waiver of signature is used. Signature of addressee or addressee's agent (if delivery location) and I authorize that delivery employee's signature constitutes valid proof of delivery.	
FROM: (PLEASE PRINT) BUSINESS SYSTEMS & DESIGN LLC 10000 WILSON AVENUE DENVER CO 80231		TO: (PLEASE PRINT) DIRECTOR OF THE AIR FORCE AIR FORCE WASHINGTON, DC 20330-1410	
PO ZIP Code 48099 Date Accepted 10/24/03 Mo. Day Year Type Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM Flat Rate <input type="checkbox"/> or Weight 1 lb. 0 oz.		Federal Agency Acct. No. or Postal Service Acct. No. 10000 WILSON AVENUE DENVER CO 80231	
Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day Scheduled Date of Delivery Month Day 10 24 Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day Int'l Alpha Country Code		Postage \$ 6.35 Return Receipt Fee \$ COD Fee \$ Insurance Fee \$ Total Postage & Fees \$ 6.35 Acceptance/Emp. Initials [Signature]	

FOR PICKUP OR TRACKING: Visit www.usps.com or Call 1-800-222-1811

BEST AVAILABLE COPY